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## Upcoming Meetings

March 2, 8 a.m.  
**Investigative Committee**

March 8, 5 p.m.  
**Administrative Affairs Committee**

April 6-7, 8 a.m.  
**Board Meeting**

May 4, 8 a.m.  
**Investigative Committee**

May 19, 9 a.m.  
**EMS Advisory Committee**

June 1, 8 a.m.  
**Investigative Committee**

June 2, Noon  
**Acupuncture Advisory Committee**

Visit [omb.oregon.gov/meetings](https://omb.oregon.gov/meetings) for a complete list of upcoming meetings.

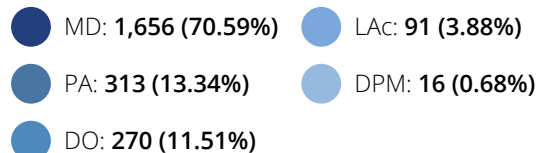
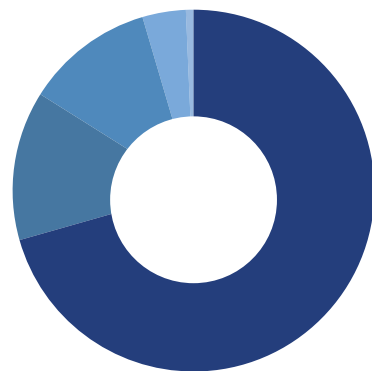
## OMB Annual Statistical Analysis

Throughout the course of the year, Oregon Medical Board staff diligently track information related to licensing, investigations, and the agency's budget. The data collected helps inform the OMB on ways to most effectively serve our licensees and continue the Board's mission of protecting Oregon patients and ensuring they receive safe, high-quality medical care.

OMB staff is also continually preparing for Board and committee meetings. These meetings can take several days and require months of preparation. For example, on average, each Board meeting requires Board members to read, and staff to compile, more than 10,000 pages of material.

### New Licensees

The OMB welcomed 2,346 new licensees in 2022.



The Oregon Medical Board's annual statistics, including licensee demographics and investigative data, are provided on page 6.

## DEA Removes Waiver Requirement to Prescribe Buprenorphine

On December 29, 2022, Congress signed the Consolidated Appropriations Act of 2023, thus removing the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, such as buprenorphine, for the treatment of opioid use disorder (OUD).

*Continued on page 5*

## 2023 Oregon Legislative Session

The Oregon Legislature is currently in session reviewing bills and discussing topics important to Oregonians. The Oregon Medical Board requested **Senate Bill 232** to update the Board's telemedicine regulations. The recent pandemic, advances in technology, and increased movement of patients and providers has presented a greater need and flexibility for telemedicine. The proposed updates allow an out-of-state physician or PA (not licensed in Oregon) to provide continuity of care via telemedicine in specified circumstances when patient needs are best served by the established caregiver. The bill makes the following changes to statute:

- Add that the practice of medicine occurs where the patient is located.
- Clarify an out-of-state physician or PA with an established provider-patient relationship may provide care to a person temporarily in Oregon for the purpose of business/work, education, or vacation without a set time limit (e.g. a college student studying in Oregon for four years or a person while on vacation in Oregon for one week).
- Add that an out-of-state physician or PA with an established provider-patient relationship may provide temporary or intermittent follow-up care to a person in Oregon (e.g. an Oregon resident who follows up intermittently with an out-of-state specialist).
- Add rulemaking authority to allow the Oregon Medical Board to administer and enforce this section.

SB 232 would formalize the Oregon Medical Board's **Telemedicine Statement of Philosophy** that was updated in April 2022. The newsletter will contain updates if this change is adopted by the Oregon Legislature. +

## Additional Protections Added to 2023 Oregon POLST Form

A revised Portable Orders for Life-Sustaining Treatment (POLST) form went live on January 3, 2023. Forms submitted after July 1, 2023, must meet the new requirements to be accepted into the Oregon POLST Registry. Existing forms do not need to be replaced if the patient's wishes have not changed.

### Key changes include:

- Section C is now mandatory. This is the section in which to document who was present for the conversation, including any individuals who participated by phone or video connection. Requiring this documentation reinforces the patient's right to support person(s) for these important conversations.
- If "Attempt Resuscitation/CPR" is selected, then "Full Treatment" must be chosen in Section B.
- "Limited Treatment" in Section B is now "Selective Treatment." Though the name has changed, the scope of treatments in this option is unchanged.

### POLST Core Principles:

- POLST is always voluntary. A POLST can never be required as a condition of treatment/care.
- POLST forms should only be completed for patients who wish to set limits on treatment and who have advanced illness or frailty. It is not appropriate for persons with stable long-term disability.
- For patients being discharged to short-term rehab who are Full Code, we recommend using the facility's code status orders rather than a POLST form.
- POLST is not appropriate for healthy older adults. We recommend against routinely discussing POLST at Welcome to Medicare or Medicare Wellness Visits. Instead, an Advance Directive should be offered.

Additional information can be found by scanning the QR code below or by visiting [OregonPOLST.org/qrcode](https://OregonPOLST.org/qrcode).



Information for patients is available in English and a growing number of additional languages on Oregon POLST's [Patients and Family webpage](#). +

## Easing Pathways to Practicing Medicine in Oregon

In order to provide patient care, a physician, PA, or acupuncturist must hold a license in the state where the patient is located. In other words, if a patient is located in Oregon, their medical provider must hold an Oregon license, with limited exceptions.

To increase access to quality medical care and support the medical community, the Board continually explores opportunities to ease the pathways to licensure. For example, the Board issued more than 900 temporary authorizations and limited licenses during the COVID-19 pandemic. Additional efforts include streamlining the license application and increasing the available exceptions to licensure.

**Expedited Endorsement.** The Board's [expedited endorsement process](#) allows qualified applicants who are currently licensed in another state to forego primary source verification of core credentials. For those who qualify, OMB staff will obtain verification from the appropriate state board(s).

**Application Streamlining.** Board staff continually explores ways to simplify the application process. For example, certain required application information may be obtained by Board staff or submitted electronically by the applicant, thus reducing their responsibilities and financial burden. Fingerprint background checks are conducted electronically, significantly speeding up the process and reducing the difficulties associated with ink fingerprinting. Applicants can upload documents directly through the secure online portal, increasing the efficiency in receiving required materials. The Board has also been working toward replacement of its aging database that will improve the functionality of applications and renewals. More information will be forthcoming in a future newsletter.

**Telemedicine.** The delivery of care via telemedicine has grown substantially during the COVID-19 pandemic, and it will continue to be an important health care delivery tool given the incredible advances in technology and increasing patient expectations. Oregon law allows a limited exception to Oregon licensure for physicians and PAs who have an established relationship with a patient temporarily in Oregon. This exception is most applicable when an out-of-state physician or PA will provide care via telemedicine to a patient traveling in Oregon for work, vacation, or education. The Board has recently expanded this exception to include out-of-state physicians and PAs who are providing temporary or intermittent follow-up via telemedicine for continuity of care purposes. The Board's [Statement of Philosophy](#) and [Topic of Interest](#) webpages have additional details and examples.

The recent expansion in exceptions to licensure were developed in close collaboration with partners in Oregon and Washington to align our state policies, and the Board will continue its efforts to coordinate with neighboring states and other medical boards. Oregon is not a member of the Interstate Medical Licensure Compact for reasons outlined in the Board's recently published [White Paper: Interstate Medical Licensure Compact](#). However, the exceptions described above should be even more helpful to physicians who provide intermittent care to patients across state lines.

The Board is committed to easing pathways to practicing medicine in Oregon and welcomes your suggestions on additional ways to do so with safe, responsible, and patient-centered ways. +

### CDC: Updated Guideline for Prescribing Opioids for Pain

The Centers for Disease Control and Prevention (CDC) recently released updated and expanded recommendations for clinicians providing pain care for adult outpatients with short- and long-term pain. These clinical recommendations, published in the [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#), will help clinicians work with their patients to ensure the safest and most effective pain care is provided. The publication updates and replaces the guideline released in 2016.

The 2022 Clinical Practice Guideline addresses the following areas: determining whether to initiate opioids for pain; selecting opioids and determining opioid dosages; deciding duration of initial opioid prescription and conducting follow-up; and assessing risk and addressing potential harms of opioid use.

The guideline is a clinical tool designed to improve communication between clinicians and patients and empower them to make informed decisions about safe and effective pain care. The recommendations provide flexibility to clinicians and patients to support individualized, patient-centered care. They should not be used as an inflexible, one-size-fits-all policy or law or applied as a rigid standard of care or to replace clinical judgment about personalized treatment.

The OMB is currently in the process of updating its [Pain Management Statement of Philosophy](#) to coincide with the new guideline. Additional resources are available online for [patients](#) and [clinicians](#). +



## From the Desk of the Medical Director: Keep Away (From Us), Part II

*David Farris, MD / Medical Director, OMB*

### The Black Box, Revisited

My recent missive on staying out of trouble prompted several responses.

One doctor told of an attorney saying to a local medical conference they should never communicate with the OMB, but rather to run anything through her. Of course this is dead wrong. Not that we don't like attorneys – we have several starters and a deep bench – but we are a veritable font of useful information. Sure, if you get notice of an investigation, it is a legal process from the start (and could result in action under the law, though the huge majority of these are closed with no issue), but, for instance, we regularly take calls on practice parameters. The answers cannot be taken as rules, but we can shed light on how the Board generally looks at things. We can also point you to the Board's written [Statements of Philosophy](#) on myriad topics. Again, guides to expectations.

For the record, the writer affirmed he has always gotten good advice from us. We really would prefer fewer complaints as a result of safer patient care.

I should say, too, systems lawyers who tell you no, you don't need to report your suspension of privileges (or any such job action) to the Board have repeatedly been wrong; you are responsible for that. Best read the rules.

Another correspondent suggested that C should stand for Chaperone, as in, "use one to protect yourself." Careful readers of OMB announcements will know the Board is developing a rule aiming at the near-universal offer of a chaperone. For now, I will relate that two licensees recently interviewed by the Board

about allegations of inappropriate aspects of physical exams both said they wished they had made chaperones a requirement. "Had I done that, I wouldn't be here." To be sure, I would expect it to be practice-dependent. A urologist I know said to me, "You mean I have to have my nurse come in for a rectal exam on a guy your age?"

My age aside, I said he should be offering it. "And most will say no." He asked how to document. "Chaperone declined." Two words covering the ask and answer.

Finally, responding to the assertion a practitioner-patient romance is never acceptable, I was asked what if the two were meant for one another? Ah, a nice thought. I will never say true love is impossible between a provider and a patient, just as it's not impossible between a colonel and a private or the Director of HR and the new hire. But a stroll down that road asks for landmines, tripwires, covered pits, and falling rocks. The key difference in medicine is the intimacy and trust inherent in the provider-patient relationship. The private likely hasn't disclosed all vulnerabilities to the colonel as a prelude to flirtation. With intimate knowledge and trust, the clinician is even farther out of bounds than the HR Manager. (Note the proscription in psychiatry is double-iron clad.)

Stay tuned for more analyses of things gone wrong. We all learn from case studies, no?

### Random Topics

#### Opiate Prescribing

We are well aware the CDC has issued new guidelines for opiate prescribing (see page 2 of this newsletter). We anticipate a parallel restatement from the Oregon Pain Management

Commission and will be updating our [Statement of Philosophy on Pain Management](#). Practitioners should be aware, though, this does not seem to be a tectonic shift in the standards our experts have been using in adjudicating allegations of dangerous prescribing. I have not seen expectations of strict adherence to MED numbers when the patient's circumstances justify higher doses, though some of the circumstances have been extreme.

Expectations have stuck to the need for minimizing additive and synergistic CNS depressants, keeping MRNs/contracts current, ongoing assessment of benefit v. risk, use of consultants, promoting agonist/antagonist meds, prescribing naloxone, and monitoring the PDMP and random urine screens. The expectation for hard pushes to tapering will likely be lessened, but it's difficult to envision the other standards changing.

## MedStaircase

[MedStaircase](#), an Oregon-based nonprofit organization founded in 2021 by Kate Ropp, MD, Katie Menzel-Ellis, MD, Shane Hervey, MD, and Julia Zavala, provides weeklong shadowing opportunities, as well as financial scholarships for students from groups that are historically underrepresented in medicine. By making a career in health care tangible and exciting, MedStaircase aims to diversify the future faces of medicine.

Their work is dependent on financial donations. Major sponsors thus far include Metropolitan Pediatrics, The Vancouver Clinic, Providence, The Oregon Society of Anesthesiologists, and Legacy Health. All donations, large and small, go directly to supporting these students. The OMB cannot legally endorse much of anything, but that doesn't mean I can't inform you. +

## DEA Removes Waiver Requirement to Prescribe Buprenorphine

*Continued from page 1*

All DEA registrants should be aware of the following:

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder.
- Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. The previously used DATA-Waiver registration numbers are no longer needed for any prescription.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine.
- The Act does not impact existing state laws or regulations that may be applicable.

The Consolidated Appropriations Act also introduced new training requirements for all prescribers. These requirements will not go into effect until June 21, 2023. The DEA and the Substance Abuse and Mental Health Services Administration (SAMHSA) are actively working to provide further guidance; additional information on these requirements will soon be available from the DEA. Additionally, these new requirements do not impact the changes related to elimination of the DATA-Waiver Program described above.

Visit [SAMHSA.gov](https://www.samhsa.gov) to learn more. +

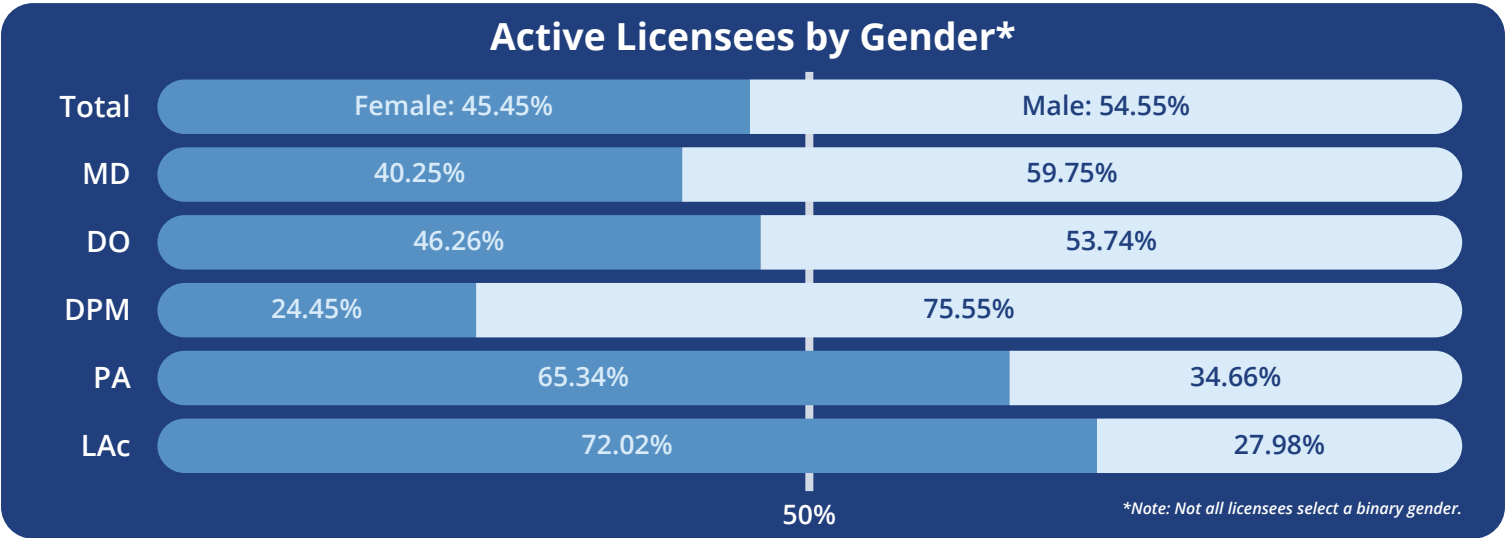
# Annual Licensing Statistics

As of December 31, 2022, the OMB had a total of **25,480** licensees. Of that number, **23,043** held active licenses to practice in Oregon. Another **1,020** individuals held limited licenses of various kinds. +

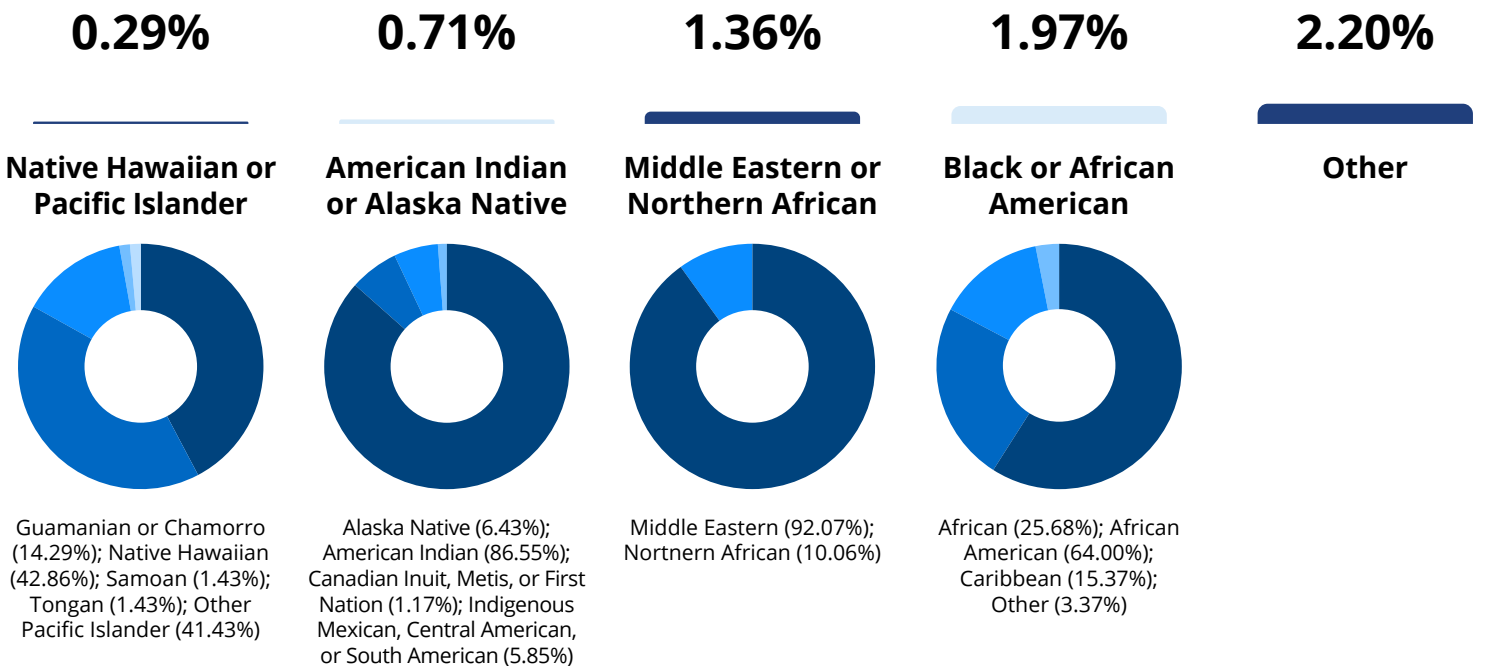
Status	MD	DO	DPM	PA	LAc
Active*	16,621	2,003	215	2,701	1,503
Inactive	1,103	115	8	134	57
Limited (all types)	786	217	13	3	1
Total	18,510	2,335	236	2,838	1,561

\*Active licenses include: Active, Emeritus, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring, Teleradiology, Administrative Medicine, and Volunteer Emeritus

## Active Licensees by Gender\*

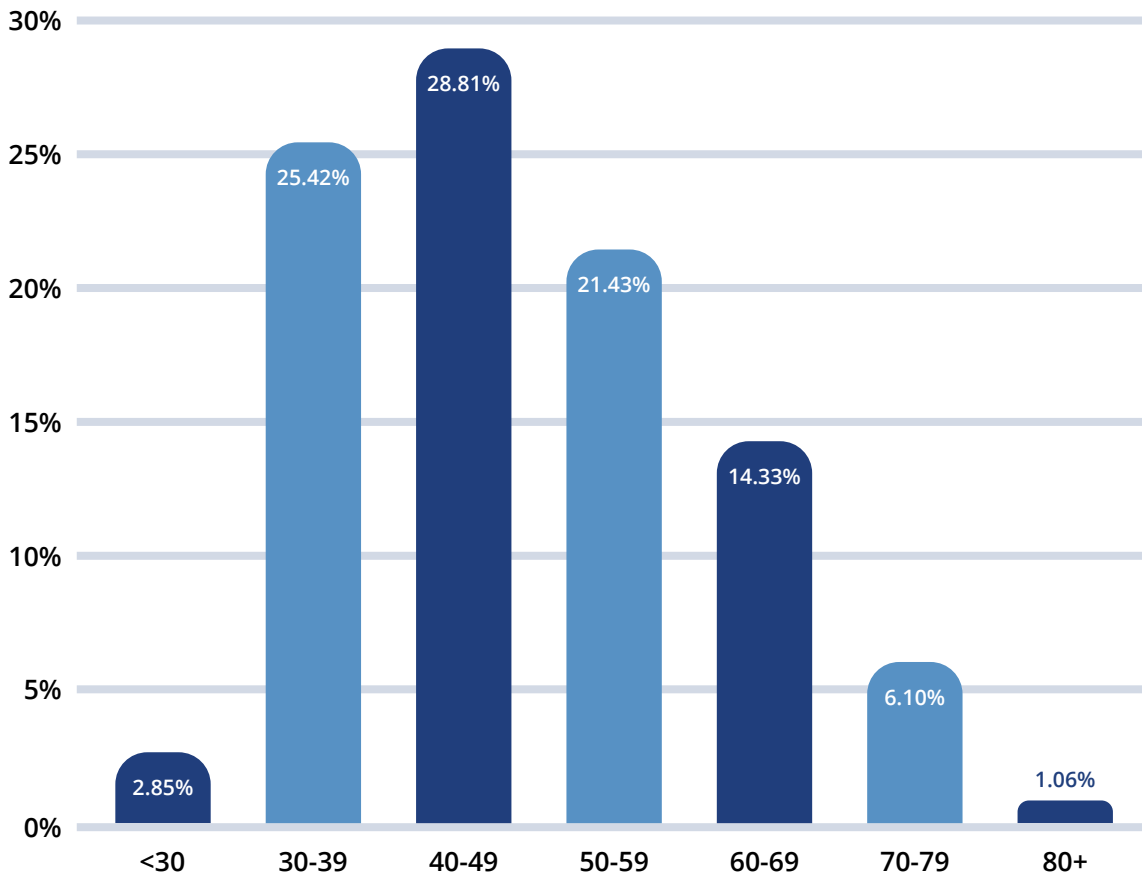


## Active Licensees by Racial and Ethnic Background



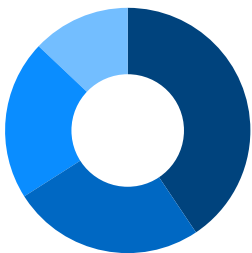
Note: Totals may not equal 100% as licensees may select more than one option. Data continued on the next page.

### Active Licensees by Age



**3.22%**

**Hispanic or Latino/a**



Central American (13.16%); Mexican (41.29%); South American (21.42%); Other (25.81%)

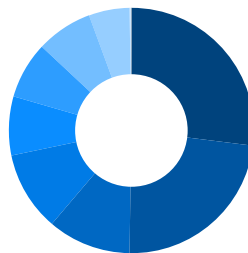
**4.93%**

**Unknown**



**13.82%**

**Asian**



Asian Indian (24.33%); Chinese (28.21%); Filipino/a (8.11%); Hmong (0.09%); Japanese (7.75%); Korean (11.47%); Laotian (0.15%); South Asian (5.65%); Vietnamese (7.81%); Other (10.99%)

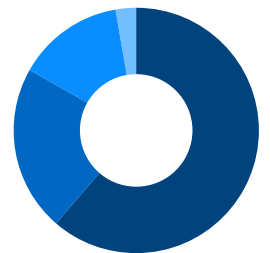
**16.83%**

**Decline to Answer**



**60.51%**

**White**



Eastern European (14.97%); Slavic (2.87%); Western European (65.07%); Other (23.23%)

## Licensees by County

The data below reflects current practice addresses reported by licensees who have full licenses at practicing status. If a licensee provides practice addresses in more than one county, the licensee will be counted in each county. Therefore, the data does not represent full-time clinical practitioners in each county. +

County (Seat)	MD	DO	DPM	PA	LAc	Total	Population
Baker (Baker City)	85	8	2	15	1	111	17,148
Benton (Corvallis)	352	114	3	95	21	585	95,594
Clackamas (Oregon City)	1,340	177	28	187	119	1,851	430,421
Clatsop (Astoria)	123	21	4	29	13	190	41,971
Columbia (St. Helens)	29	6	0	17	6	58	53,156
Coos (Coquille)	182	29	3	26	11	251	65,112
Crook (Prineville)	32	7	0	22	1	62	26,162
Curry (Gold Beach)	57	10	2	8	6	83	23,897
Deschutes (Bend)	737	94	9	242	89	1,171	207,561
Douglas (Roseburg)	235	47	7	62	7	358	111,716
Gilliam (Condon)	1	0	0	2	0	3	2,071
Grant (Canyon City)	16	7	1	1	1	26	7,337
Harney (Burns)	15	8	0	3	1	27	7,640
Hood River (Hood River)	115	10	1	20	21	167	23,894
Jackson (Medford)	722	103	11	164	64	1,064	224,013
Jefferson (Madras)	31	2	0	23	0	56	25,404
Josephine (Grants Pass)	151	39	7	61	16	274	88,695
Klamath (Klamath Falls)	179	21	2	41	6	249	70,848
Lake (Lakeview)	12	2	0	4	0	18	8,246
Lane (Eugene)	1,067	110	17	245	88	1,527	383,958
Lincoln (Newport)	114	32	4	32	12	194	51,090
Linn (Albany)	192	68	8	56	10	334	131,194
Malheur (Vale)	149	25	1	40	0	215	32,095
Marion (Salem)	913	136	17	208	41	1,315	348,616
Morrow (Heppner)	11	4	0	5	0	20	12,315
Multnomah (Portland)	5,242	460	51	813	738	7,304	810,242
Polk (Dallas)	65	16	1	22	3	107	90,593
Sherman (Moro)	3	0	0	2	0	5	1,938
Tillamook (Tillamook)	76	11	1	13	10	111	27,868
Umatilla (Pendleton)	250	30	5	30	2	317	80,302
Union (La Grande)	63	17	3	4	4	91	26,673
Wallowa (Enterprise)	19	1	1	5	7	33	7,541
Wasco (The Dalles)	91	13	1	19	8	132	26,794
Washington (Hillsboro)	2,044	188	36	443	178	2,889	606,378
Wheeler (Fossil)	2	0	0	2	0	4	1,436
Yamhill (McMinnville)	195	31	7	58	18	309	108,993

Population based on July 1, 2022, Certified Population Estimate - College of Urban and Public Affairs, Portland State University



## Annual Investigative Statistics

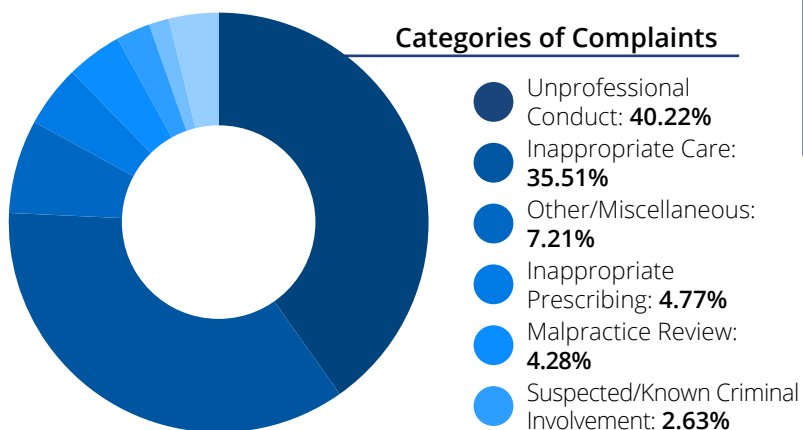
In 2022, the Investigative Committee met eight times to review investigations and form recommendations. Review of these recommendations occurs at each quarterly Board meeting and requires review of more than 10,000 pages of material at each meeting. The following statistical reports are a snapshot of the resulting work. +

Final Dispositions of Investigations (No Violations)	2020	2021	2022
Exceptionally Closed	10	10	14
No Apparent Violation	298	353	315
Preliminary Investigation	90	102	111
Prior to Committee Appearance	97	122	101
Post Committee Appearance	2	10	5
Letter of Concern/Prior to Committee Appearance	149	170	109
Letter of Concern/Post Committee Appearance	12	19	20
After Staff Inquiry	1	0	0
Executive Staff Review of HPSP Noncompliance	8	7	4
Application Withdrawal with Report to Federation	0	0	0
Temporarily Closed with Board Order	0	0	1
Temporarily Closed without Board Order	0	0	1

Source of Investigations	2020	2021	2022
Oregon Medical Board	96	66	63
Board/HPSP Noncompliance	6	2	1
Co-worker/Other Staff	10	4	13
Hospital/Other Health Care Institution	26	28	25
Insurance Company	0	0	5
Malpractice Review	44	32	66
HPSP/Monitoring Entity	25	18	10
Other	64	71	41
Other Boards	4	3	6
Other Health Care Providers	50	70	55
Patient or Patient Associate	413	451	535
Pharmacy	3	8	7
Self-Reported	23	14	23

Investigation Totals	2020	2021	2022
Investigations Opened	750	713	757
Investigations Closed	768	868	792
Investigative Committee Interviews	61	59	47
Reportable Orders	80	75	91

Public Orders & Agreements	2020	2021	2022
Automatic Suspensions	1	2	3
Consent Agreements	16	14	20
Corrective Action Agreements	13	14	12
Stipulated Orders	62	58	71
Voluntary Limitations	0	0	2
Final Orders	8	0	3



**Sexual Misconduct: 1.53%**

**< 1% Each:**  
Practice Without a License; Failure to Report; Physical or Mental Illness or Impairment; Substance Abuse; HPSP Noncompliance; Board Compliance; Office-Based Surgery; HPSP/Monitoring Entity

# 2021-2022 Budget Statistics



Staff & Board  
Member Salaries  
**36%**



Benefits  
**23%**



Overhead  
**9%**



Goods & Services  
**8%**



Telecommunications &  
Technology  
**8%**



Health Professionals  
Services Program (HPSP)  
**5%**



Attorney General  
Costs  
**5%**



Professional Services  
**4%**

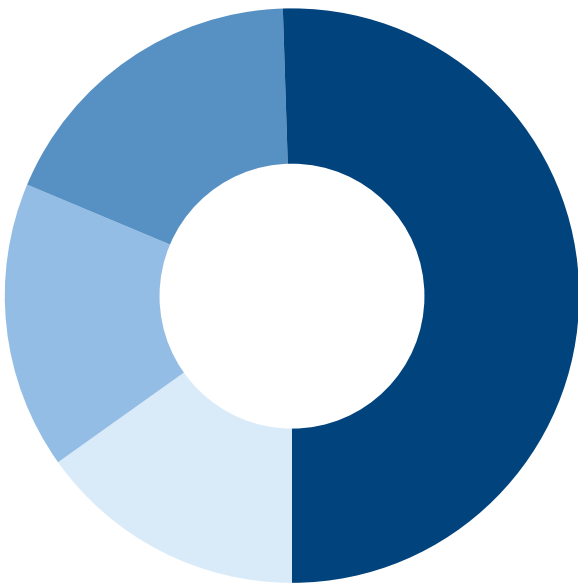


Oregon Wellness  
Program (OWP)  
**2%**

## Where The Money Goes

The OMB is an other-funded agency, meaning the majority of revenue is generated from licensing fees. The numbers to the left are a breakdown of how that money is utilized.

## Expenditures by Business Unit



- Investigations & Compliance  
50.03%
- License Services  
18.38%
- Administration, Communications, Board Salaries  
16.15%
- Administrative & Business Services  
15.44%

## Ending the Provider-Patient Relationship: Notifying Patients

As a licensed physician, physician assistant, or acupuncturist, you have an ethical obligation to notify patients when you are ending the provider-patient relationship. Please see the Oregon Medical Board's guidance on [Ending the Provider-Patient Relationship](#).

The Oregon Medical Board also holds licensees to recognized standards of ethics of the medical profession, for our physician licensees the American Medical Association's Code of Medical Ethics, specifically [Opinion 1.1.5 Terminating a Patient-Physician Relationship](#).

When a licensee terminates the provider-patient relationship, the licensee must provide appropriate written notice to the patient or the patient's representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured. Additionally, the notice must ensure patients know where they can [access their records](#). See [OAR 847-012-0000](#) for more information. +

## Masks are Still Required in Health Care Settings

Although mask requirements have been lifted in many indoor spaces, masks must still be worn in health care settings to protect patients, visitors, and employees. Health care settings include:

- Hospitals
- Doctor Offices
- Dentist Offices
- Acupuncture Offices
- Urgent Care
- Dialysis Centers
- Pharmacies



Visit [healthoregon.org/coronavirus](https://healthoregon.org/coronavirus) or review OHA's [Health Care Settings Masking Requirements FAQ](#) for more information.

## OWP Wellness Library Offers Free Resources to Providers

The Oregon Wellness Program's Wellness Library offers personalized resources about healthcare providers, for healthcare providers.

The Wellness Library offers tools to defuse stress, demonstrations of research-based innovations in the wellness arena, and life experiences being shared by your colleagues, as well as links to a collection of current articles, studies, videos, and podcasts on the topics of physician burnout, stress, depression, and general wellness.

Visit [OregonWellnessProgram.org](https://OregonWellnessProgram.org) to access the Wellness Library and other resources. +

## Safe + Strong

Safe+Strong is a free, 24-7 helpline that offers emotional support during disasters such as COVID-19 and wildfires. Callers are connected with a counselor who can provide emotional support, mental health triage, drug and alcohol counseling, crisis counseling, or just human connection.

This statewide program offers services in 12 languages and is available to anyone who needs it, not just those experiencing a mental health crisis.

For more information, visit [SafeStrongOregon.org](https://SafeStrongOregon.org) or call 800-923-HELP (4357). +

## Oregon Administrative Rules

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules expire 180 days after adoption unless permanently adopted through the rulemaking process. Official notice of rulemaking is provided in the Secretary of State Bulletin. The full text of the OARs under review and the procedure for submitting comments can be found at [omb.oregon.gov/rules](http://omb.oregon.gov/rules).

### PROPOSED RULES

Additional information can be found on the Board's [rulemaking webpage](#).

#### **847-001-0022: Updating the Board's Notice Title**

The proposed rule amendment clarifies that the Oregon Medical Board's Complaint and Notice of Proposed Disciplinary Action is a Notice of Proposed Disciplinary Action (not a complaint). The proposed rule amendment updates rule language to align with this clarification.

#### **847-005-0008: Adding Public Records Fee for Board Attorney's Time**

ORS 192.324(4) allows an agency to establish public record fees and specifically allows the cost of time spent by an attorney reviewing the public records. The proposed rule amendment would allow the Oregon Medical Board to recoup the actual cost of time spent by the Board's DOJ attorney reviewing public records.

### PERMANENT RULES

#### **847-001-0005, 847-001-0015: Late Hearing Request Limitations**

The rule amendments limit the type of late hearing requests the Oregon Medical Board will consider and accept.

#### **847-001-0032: Modification and Termination of Board Orders and Agreements**

The rule amendment adds definitions for "termination" and "modification" of Board Orders or Agreements and clarifies "modification" of an Order or Agreement.

#### **847-001-0035: License Suspensions and Terminations of Orders by Operation of Law and Continuing Education Deficiencies**

The rule amendment allows the Executive Director or Medical Director to issue final orders of license suspensions and reinstatements that occur by operation of law and for continuing medical education deficiency cases.

#### **847-050-0021: Physician Assistant Documents to be Submitted for Licensure**

The rule clarifies the documents and official verifications a physician assistant applicant must ensure are submitted to the Oregon Medical Board for licensure. The rule aligns with similar rules for other board licensees.

#### **847-070-0020: Acupuncture via Telemedicine**

The rule clarifies that an Oregon licensed acupuncturist may provide care via telemedicine to patients located in Oregon. The Board's [Statement of Philosophy on Telemedicine](#) provides guidance to licensees.

### RULEMAKING UPDATES

#### **847-080-0022: Updating Qualifications to Perform Ankle Surgery**

The Oregon Medical Board did not adopt the proposed rule amendment but discussed the possibility of considering an amendment to the rule in the future.

## Board Actions: October 16, 2022 – January 15, 2023

*Many licensees have similar names. When reviewing Board Action details, please review the record carefully to ensure that it is the intended licensee.*

### INTERIM STIPULATED ORDERS

*These actions are not disciplinary because they are not final orders, but are reportable to the national data banks.\**

#### **MILLER, Parker D., MD; MD206443 Portland, OR**

On January 10, 2023, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

#### **WELLS, Steven L., MD; MD20003 Ashland, OR**

On November 3, 2022, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status effective November 15, 2022, pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

### NON-DISCIPLINARY BOARD ACTIONS

*These actions are not disciplinary and are not reportable to the national data banks.\**

### CORRECTIVE ACTION AGREEMENTS

*These agreements are not disciplinary orders and are not reportable to the national data banks\* unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

#### **ELLIOTT, John D., MD; MD23633 Hermiston, OR**

On January 5, 2023, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to administer Ketamine to treat a mental health condition in a patient under age 18 only within a

prospective clinical trial conducted by a separate sponsor.

### CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

*These actions are not disciplinary and are not reportable to the national data banks.\* They are agreements to facilitate the licensee's re-entry to practice after a period of two or more years away from clinical practice.*

#### **ECCLES, Ralph P., DO; DO24643 Klamath Falls, OR**

On December 7, 2022, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

#### **GJAKOVA, Amy L., LAc; AC212162 Central Point, OR**

On October 25, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice. In this Agreement, Applicant agreed to complete an 80-hour mentorship with a Board-approved clinical supervisor.

#### **GRANT, Jennifer M., PA; PA212952 Oregon City, OR**

On October 26, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to specific mentorship and chart review requirements by a Board-approved physician mentor; reports to the Board from her physician mentor; and to maintain NCCPA certification.

#### **HUTSON, Daniel B., PA; PA153460 Portland, OR**

On January 5, 2023, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to supervision and chart review by a Board-approved physician mentor.



**LINTON, Anne E., MD; MD21553  
Bend, OR**

On December 7, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 1,500 hours and obtain certification from the American Board of Psychiatry and Neurology.

**SMITH, Susan E., MD; MD213521  
Medford, OR**

On December 15, 2022, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 1,000 hours and pass the Special Purpose Examination within six months.

**WHORRALL, Stephen E., PA; PA209324  
Portland, OR**

On December 6, 2022, Applicant entered into a non-disciplinary Amended Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to specific supervision and chart review requirements by a Board-approved physician mentor; reports to the Board from his physician mentor; and to obtain NCCPA certification.

**PRIOR ORDERS MODIFIED OR  
TERMINATED**

**ANDERSON, John M.J., DO; DO26732  
Hermiston, OR**

On January 5, 2023, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's April 7, 2022, Stipulated Order.

**BEIL, Kurt G., LAc; AC150791  
Portland, OR**

On January 5, 2023, the Board issued an Order Terminating Order of License Suspension. This Order terminates Licensee's February 28, 2022, Order of License Suspension.

**BLACKBURN, Roy M., III, MD; MD22132  
Springfield, OR**

On January 5, 2023, the Board issued an Order

Modifying Stipulated Order. This Order modifies Licensee's July 11, 2014, Stipulated Order.

**BRENNAN, Rachel M., DO; DO172490  
Hermiston, OR**

On January 5, 2023, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 5, 2017, Stipulated Order.

**LOGENDRAN, Verni, DO; DO183356  
Portland, OR**

On January 5, 2023, the Board issued an Order Modifying Voluntary Limitation. This non-disciplinary Order modifies Licensee's January 6, 2022, Voluntary Limitation.

**MULLER, Melinda J., MD; MD20786  
Portland, OR**

On January 5, 2023, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 7, 2021, Stipulated Order.

**SUFUENTES, Saron T., PA; PA207819  
Portland, OR**

On January 5, 2023, the Board issued an Order Modifying Consent Agreement for Re-Entry to Practice. This Order modifies Licensee's May 12, 2022, Consent Agreement for Re-Entry to Practice.

**DISCIPLINARY ACTIONS**

*These actions are reportable to the national data banks.\**

**BAXTER, Kevin J., DO; DO24314  
Astoria, OR**

On January 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order reprimands Licensee; assesses a \$5,000 civil penalty; requires Licensee to complete pre-approved professional boundaries and ethics courses; requires Licensee to obtain pre-approval from the Board's Medical Director prior to supervising any student or resident; and requires Licensee to maintain an ongoing therapeutic relationship with a pre-approved healthcare provider for one year.

**LAWRENCE, Sharon M., DO; DO150772  
St Helens, OR**

On January 5, 2023, Licensee entered into a Stipulated Order with the Board for repeated acts of negligence

in the practice of medicine with regard to chronic pain management; and prescribing controlled substances without a legitimate medical purpose given lack of pain control, despite use of medications to control pain, and prescribing controlled substances without following accepted procedures for examination of patients or record keeping. With this Order, Licensee retires her Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

**PARENT, Joseph A., Jr., MD; MD08183  
Portland, OR**

On January 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and sexual misconduct. With this Order, Licensee retires his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

**SANDEFUR, Eric T., DO; DO20320  
Baker City, OR**

On January 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and gross and repeated negligence in the practice of medicine. With this Order, Licensee retires his Oregon medical license while under investigation; agrees to never reapply for a license to practice medicine in Oregon; and is assessed a civil penalty of \$10,000, held in abeyance.

**VANDER WAAL, Steven C., MD; MD13959  
Gearhart, OR**

On January 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; negligence in the practice of medicine; and prescribing controlled substances without following accepted procedures. With this Order, Licensee surrenders his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

**WEEKS, James A., MD; MD23774  
Bend, OR**

On January 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and sexual misconduct. With this Order, Licensee surrenders his Oregon medical

license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

**WELLS, Steven L., MD; MD20003  
Ashland, OR**

On January 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. With this Order, Licensee surrenders his Oregon medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

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Current and past public Board Orders are available on the [OMB's website](#).

*\*National Practitioner Data Bank (NPDB) and Federation of State Medical Boards.*



## Oregon Medical Board

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[oregon.gov/OMB](http://oregon.gov/OMB)

### Office Hours

Monday - Friday, 8 a.m. - 5 p.m.  
(closed 12 p.m. - 1 p.m.)

Board staff are also available by  
phone (**971-673-2700**) or email  
([info@omb.oregon.gov](mailto:info@omb.oregon.gov)).

Questions about COVID-19? Visit  
[omb.oregon.gov/COVID-19](http://omb.oregon.gov/COVID-19).

### Office Closures

Monday, May 29 - **Memorial Day**

Monday, June 19 - **Juneteenth**

Tuesday, July 4 - **Independence Day**

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- Administrative Rules
- Board Action Report
- EMS Interested Parties
- OMB Report Quarterly Newsletter
- Public Meeting Notice
- Quarterly Malpractice Report

### Applicant/Licensee Services

For new license applications, renewals,  
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[omb.oregon.gov/login](http://omb.oregon.gov/login)

### Licensing Call Center

Hours: **9 a.m. - 3 p.m.** (closed 12 p.m. - 1 p.m.)  
Phone: **971-673-2700**  
Email: [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov)

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*Cover Photo: Downtown Portland*

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### Statement of Purpose

The *OMB Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.